

COUNTY OF SUFFOLK



STEVE LEVY
SUFFOLK COUNTY EXECUTIVE

Charles A. Gardner, Director

Office of Consumer Affairs
Bureau of Weights & Measures

MOTOR FUELS FACILITIES CERTIFICATE OF REGISTRATION

1. Business Name _____
If Corporation, DBA _____
2. Street Address _____
Cross Street, if any _____
3. Town _____
4. Owner(s)/President _____
5. Business Phone _____
6. Address of Main Business Office if other than above:

_____ Phone _____
7. Brand of gasoline dispensed (if unbranded, mark none) _____
8. New York State Sales Tax Identification # _____

NOTICE: THIS CERTIFICATE IS ISSUED TO THE ABOVE-NAMED BUSINESS ONLY. IT IS NON-TRANSFERABLE TO ANY OTHER BUSINESS OR TO ANY OTHER LOCATION. THIS CERTIFICATE MUST BE KEPT ON THE BUSINESS PREMISES DESCRIBED ABOVE AND BE AVAILABLE FOR INSPECTION BY AUTHORIZED EMPLOYEES OF THE SUFFOLK COUNTY BUREAU OF WEIGHTS & MEASURES DURING THE COURSE OF ALL HOURS OF OPERATION.

DECLARATION (To be completed by Applicant): I DECLARE UNDER PENALTIES OF THE PENAL LAW, THAT I PREPARED THIS APPLICATION AND THAT THE STATEMENTS CONTAINED THEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY AND WILLFULLY MADE A FALSE STATEMENT OR GIVEN INFORMATION WHICH I KNOW TO BE FALSE IN CONNECTION THEREWITH.

Signed _____ Date _____